

Name
in
Full

Sarah F. Almonney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jarrettsville</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>March</i>	Day <i>23</i>	Age <i>83</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death <i>Jarrettsville</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Abraham Almonney</i>					
Father's Name <i>Elisha Yarnes</i>		Father's Birthplace <i>Vermont</i>					
Mother's Maiden Name <i>Sarah C. Steel</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>George Steel</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Cerebral Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Bradley</i>
	Address <i>Jarrettsville Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Whiteford</i> <small>Town</small>		<i>Hartford</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>3</i> <small>Month</small>	<i>11</i> <small>Day</small>	Age <i>38</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Ind.</i>				
Married, Single or Widowed	Name of Wife or Husband <i>E. Ross Bay</i>				
Father's Name <i>Thos W. Heath</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Rachel A. Doubrough</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>E. Ross Bay</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i> 93	How long <i>11 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. W. G. Armour</i>
<i>Yes</i>	Address <i>Street</i>
Accident or Suicide?	<i>Ind.</i>

Mar. 14th. State Ridge

Name
in
Full

CERTIFICATE OF DEATH

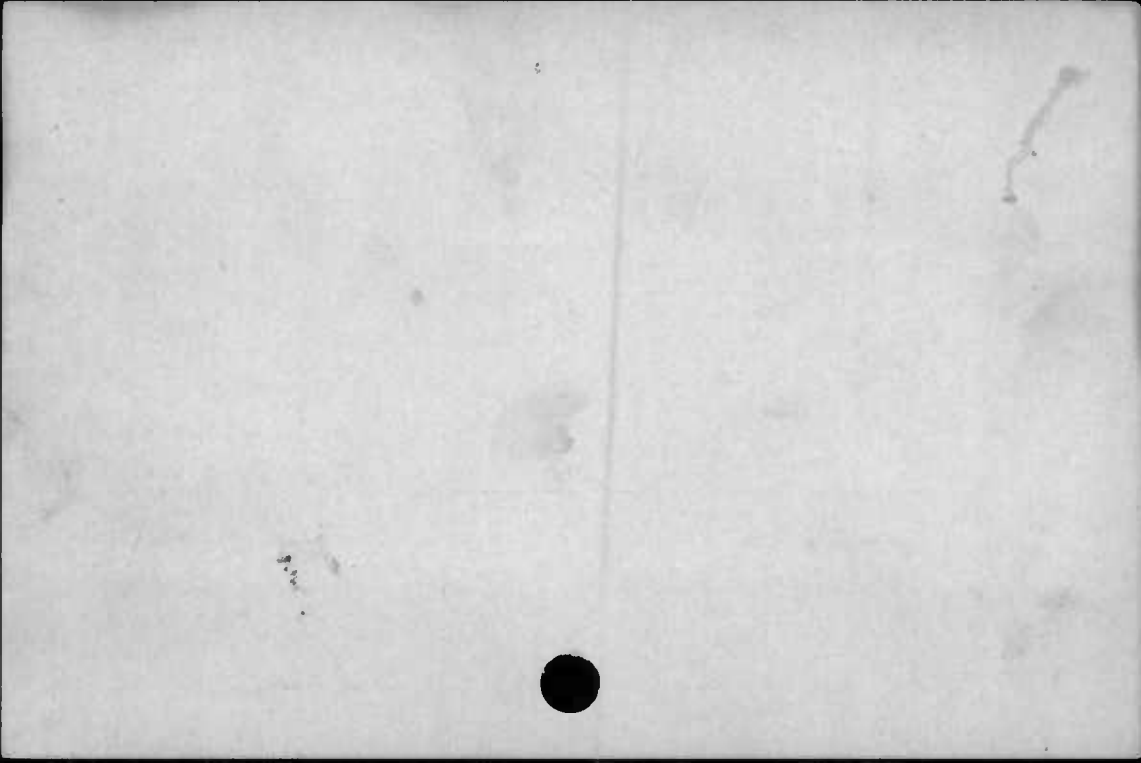
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Darling</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	<i>May</i> ^{Month}	<i>11</i> ^{Day}	<i>78</i> ^{Years}	<i>2</i> ^{Months} <i>3</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Mississippi</i>
Occupation	Where Residing if not at place of death				
Married, <input checked="" type="checkbox"/> <i>Yes</i>	Name of Wife or Husband <i>Minnie Jane Rice</i>				
Father's Name	<i>Thos Bond</i>			Father's Birthplace	<i>Miss</i>
Mother's Maiden Name	<i>Matie Mauns</i>			Mother's Birthplace	<i>Miss</i>
Name of person giving information	<i>Thos Bond</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>4 months</i>
Immediate	<i>Heart failure</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. H. Smith</i>
		Address	<i>Darling</i>
Accident or Suicide?			



Name

in
Full

Ella May Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Upper X Roads^{County} Harford

Date of death 1906 Mar.

Day 13

Age 19

Months 11

Days 13

Sex Female

Color or Race

white

Birth-place

Harford Co.

Married, Single or Widowed

single

Occupation

cook

Name of Wife or Husband

Father's Name

Benjamin B. Butler

Father's Birthplace

Va.

Mother's Maiden Name

Susan A. Walker

Mother's Birthplace

Harford Co.

Name of person giving information

Victorine Butler

How related to deceased

sister

CAUSES OF DEATH

Primary

Phthisis

How long

3 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos. H. Emory, M.D.

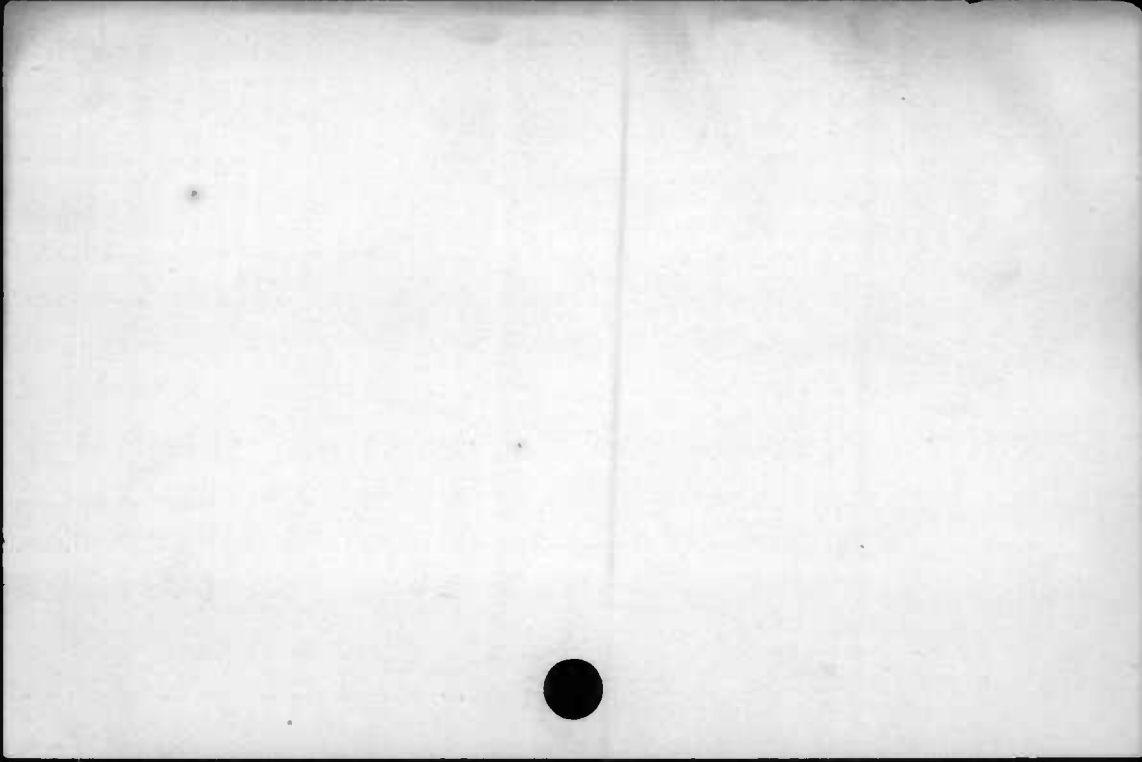
Address

Monteton, Md.

Accident or Suicide?

no

PHYSICIAN
OR CORONER



Name
in
Full

Annir Collins

CERTIFICATE OF DEATH

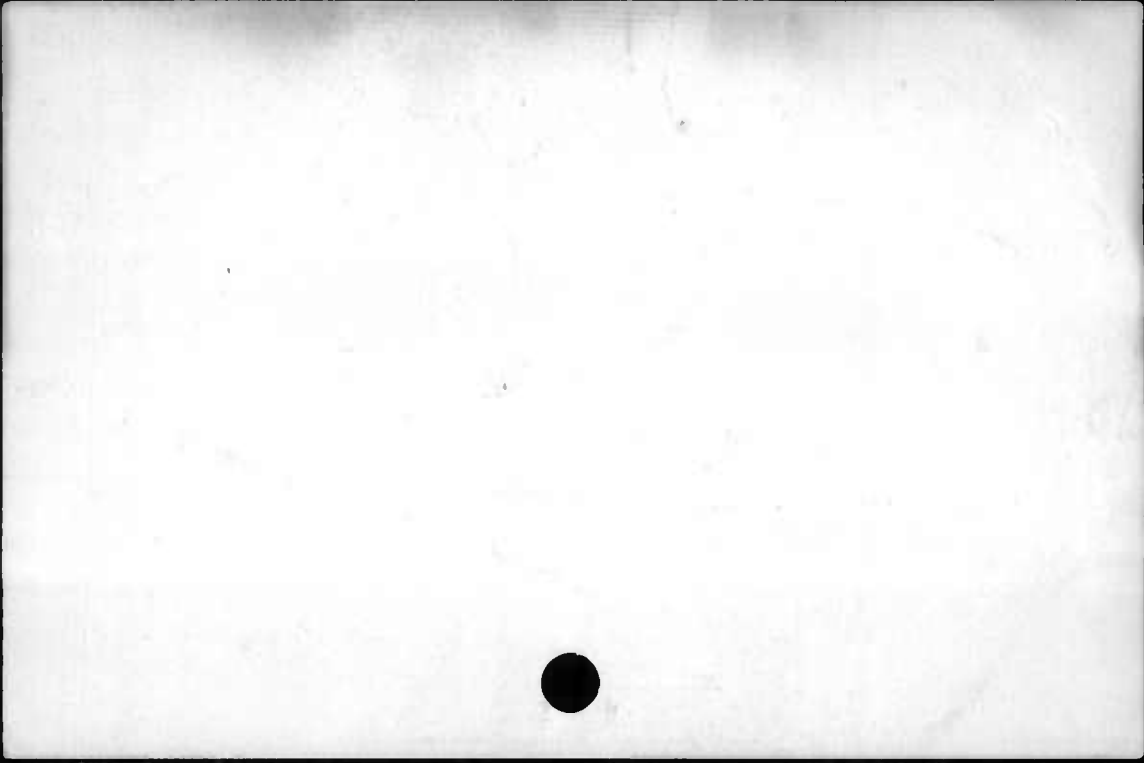
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Kalinia</i>		County <i>Harford</i>		MARYLAND	
Date of death 1906	Month <i>Mch.</i>	Day <i>14</i>	Age <i>68</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Ablond</i>		Birth- place <i>Md.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Shos. Collins</i>							
Father's Name <i>Samuel Ruston</i>				Father's Birthplace <i>Harford Co.</i>			
Mother's Maiden Name				Mother's Birthplace <i>Harford Co.</i>			
Name of person giving In formation <i>Edward Williams</i>				How related to deceased <i>son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart disease</i>	How long	<i>19</i> <i>few minutes</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. L. Hughes</i>	
<i>yes</i>		Address <i>Forest Hill</i>	
Accident or Suicide?		<i>end.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Walter Dasey* Town *Sheep Bl* County *Harford*

Died at *Sheep Bl*

Date of death *1906* Month *Mar* Day *21* Age *11* Years *11* Months *11* Days

Sex *Male* Color or Race *Colored* Birth-place *Sheep Bl*

Occupation *—* Where Residing if not at place of death *Sheep Bl*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

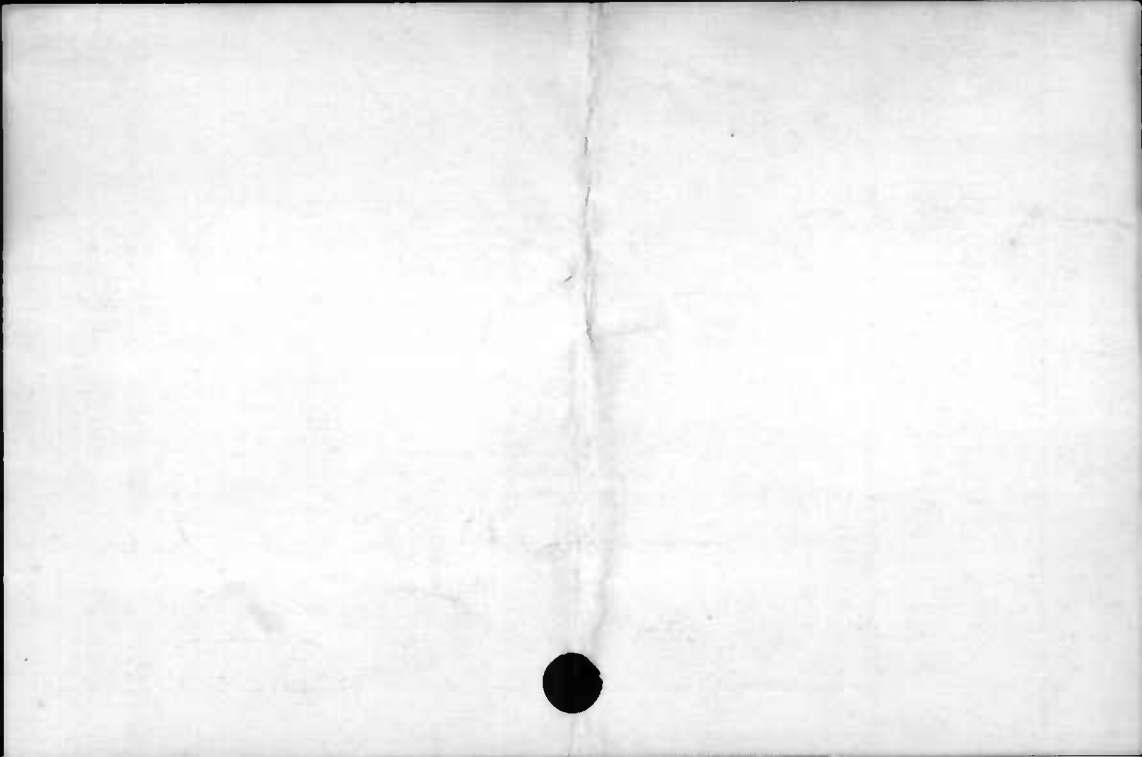
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Permyman</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>23</i> <i>1906</i>	Month	Day	Age	Years	Months
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Permyman</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Fredrick Ford</i>			Father's Birthplace		
Mother's Maiden Name <i>May Halanay</i>			Mother's Birthplace		
Name of person giving information <i>Frederick Ford</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>" "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Otter</i>
	Address <i>Permyman</i>
Accident or Suicide?	

Dr Kriet
aber den

Name
in
Full

CERTIFICATE OF DEATH

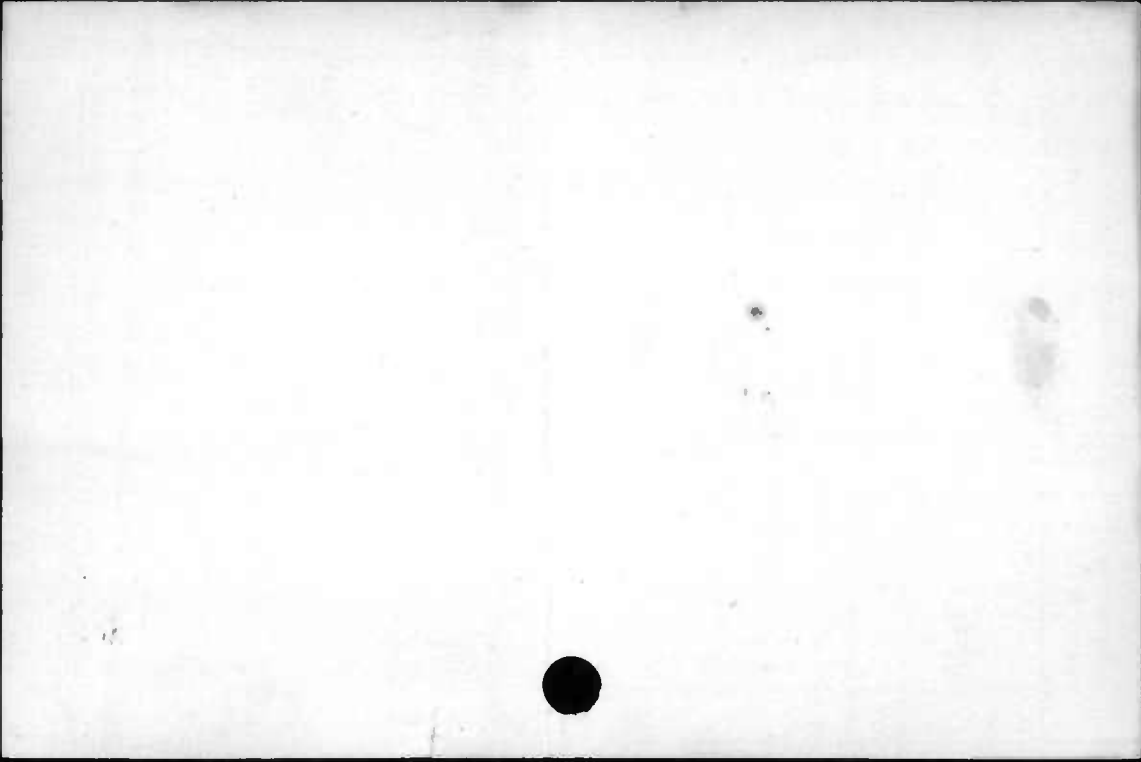
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alfred Frederick</i>		Town <i>Mountain</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Mountain</i>		Month <i>March</i>		Day <i>14</i>		Age <i>80</i>	
Date of death <i>1906</i>		Years <i>80</i>		Months <i>✓</i>		Days <i>✓</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Eliya Frederick</i>					
Father's Name <i>Washington Frederick</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Emily Frederick</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>L. W. Watters</i>		How related to deceased <i>None</i>		<i>108</i>			

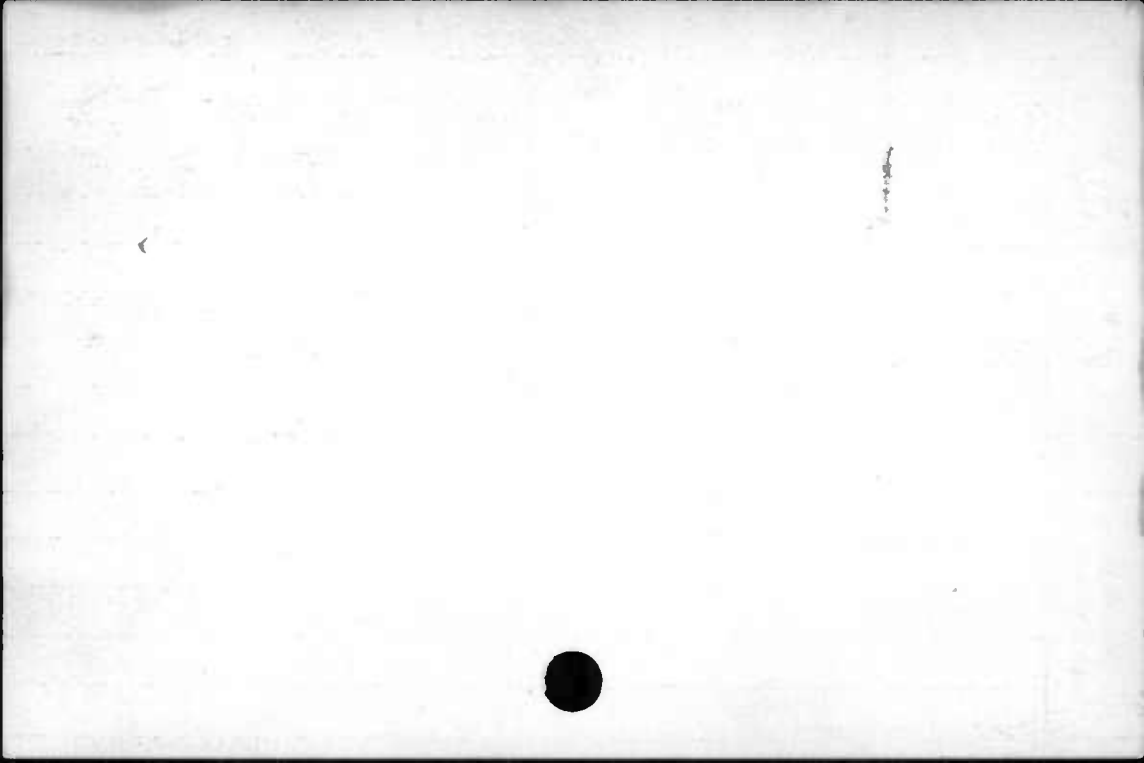
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General break down of age</i>		How long <i>one week</i>	
Immediate <i>Heart failure & hernia</i>		How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Jas. F. H. Gorsuch</i>	
		Address <i>Fork</i>	
Accident or Suicide? <i>2</i>		<i>Ind</i>	



Name in Full		CERTIFICATE OF DEATH			
William S. Frieze		1 ✓			
Died at		Town		County	
Harre de Grace		Harford		Maryland	
Date of death		Month	Day	Years	Months
1906		3	6	44	
Sex		Color or Race		Birthplace	
Male		White		Harre de Grace	
Occupation		Where Residing if not at place of death			
General Hook					
Married, Single or Widowed		Name of Wife or Husband			
Married		Virginia Frieze			
Father's Name		Father's Birthplace			
J. Thompson Frieze		Becil			
Mother's Maiden Name		Mother's Birthplace			
Elizabeth Green		Harre de Grace			
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
Primary		Heart disease		How long	
				3 or 4 yrs	
Immediate		Angina pectoris		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Yes		R. H. Smith		Harre de Grace	
Accident or Suicide?				M. L.	



Name
in
Full

Elizabeth A. Grafton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>Mar</i> ^{Day} <i>16</i>		Age <i>60</i> ^{Years}		Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Belmont Hill</i>			
Occupation	Where Residing if not at place of death <i>Bel Air</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>Bennett Grafton</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Hannah Dyer</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Henrietta C. Cummings</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma</i>	<i>45</i>	How long <i>2 years.</i>
Immediate <i>Cardiac Failure</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edwace Parker Don</i>	Address <i>Bel Air Md.</i>
Accident or Suicide?		

Dear Creek.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mayfield Hall</i>		Town <i>Bel Air</i>		County <i>Stenford</i>		MARYLAND	
Died at <i>Bel Air</i>		Month <i>March</i>		Day <i>27</i>		Age <i>16</i>	
Date of death <i>1906</i>		Months <i>16</i>		Days <i>27</i>			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>B Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Wesley Hall</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Laura Jones</i>		Mother's Birthplace <i>do</i>					
Name of person giving information <i>Wesley Hall</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>9 mo.</i>	
Immediate <i>Hæmorrhage</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R S Page</i>	
		Address <i>Bel Air</i>	
Accident or Suicide? <i></i>			

Shower tree

Bar. inch 29

Name in Full

Certificate of Death

Died at

Date 189

Male

Month

Day

Age

M.

D.

Native of

Occupation

MARYLAND

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

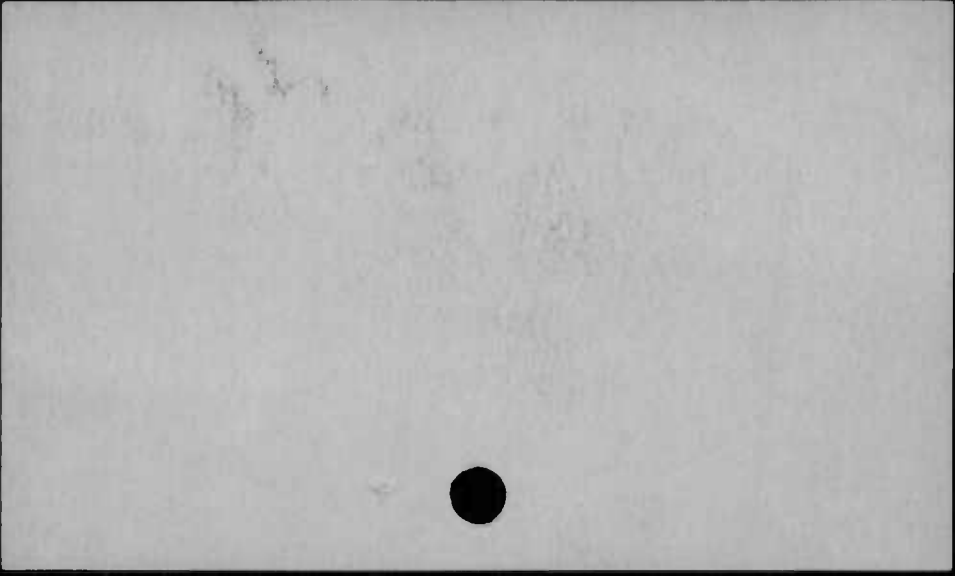
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965



Name
in
Full

Marion Dale Stoolitzell

CERTIFICATE OF DEATH

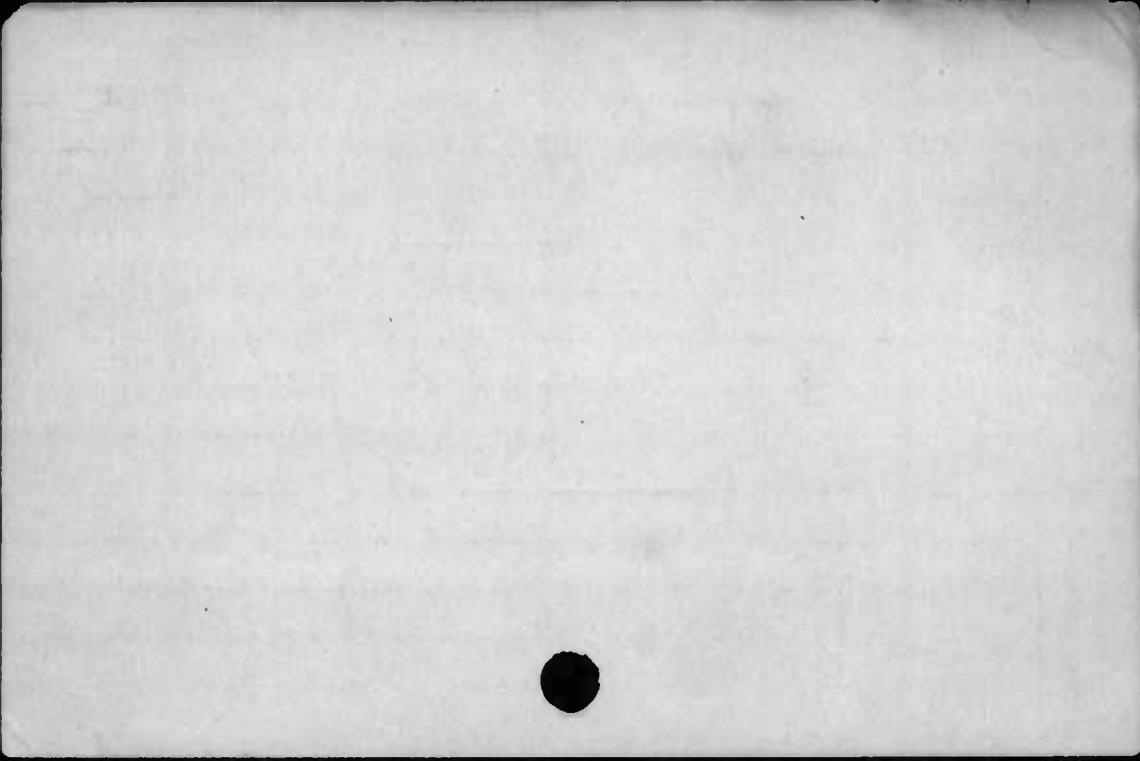
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bel Air		County Harford		MARYLAND	
Date of death	1906	Month March	Day 6 th	Age	Years 20	Months 10	Days 11
Sex	Male		Color or Race	White		Birth- place	Pocomoke City Md
Occupation	Student			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	S. S. Stoolitzell				Father's Birthplace		
Mother's Maiden Name	Ella V. Pollin				Mother's Birthplace		
Name of person giving In formation	J. M. Stoolitzell				How related to deceased		
				Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	1 year
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. H. [Signature]
			Address	Bel Air Md
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Howard

Died at <i>Bel Air</i> Town		<i>Stafford</i> County		MARYLAND	
Date of death	1906	Month	March	Day	14
Age	74	Years		Months	10
		Days	9		
Sex	Female	Color or Race	Black	Birth-place	Maryland
Occupation	Cook		Where Residing if not at place of death <i>Bel Air</i>		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Elijah Dorsey</i>		
Father's Name	<i>Moses Howard</i>		Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Eliza Smith</i>		Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>James Howard.</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Calculus disease of heart</i>	How long	<i>19</i> <i>years</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Abnucella

Name
in
Full

CERTIFICATE OF DEATH

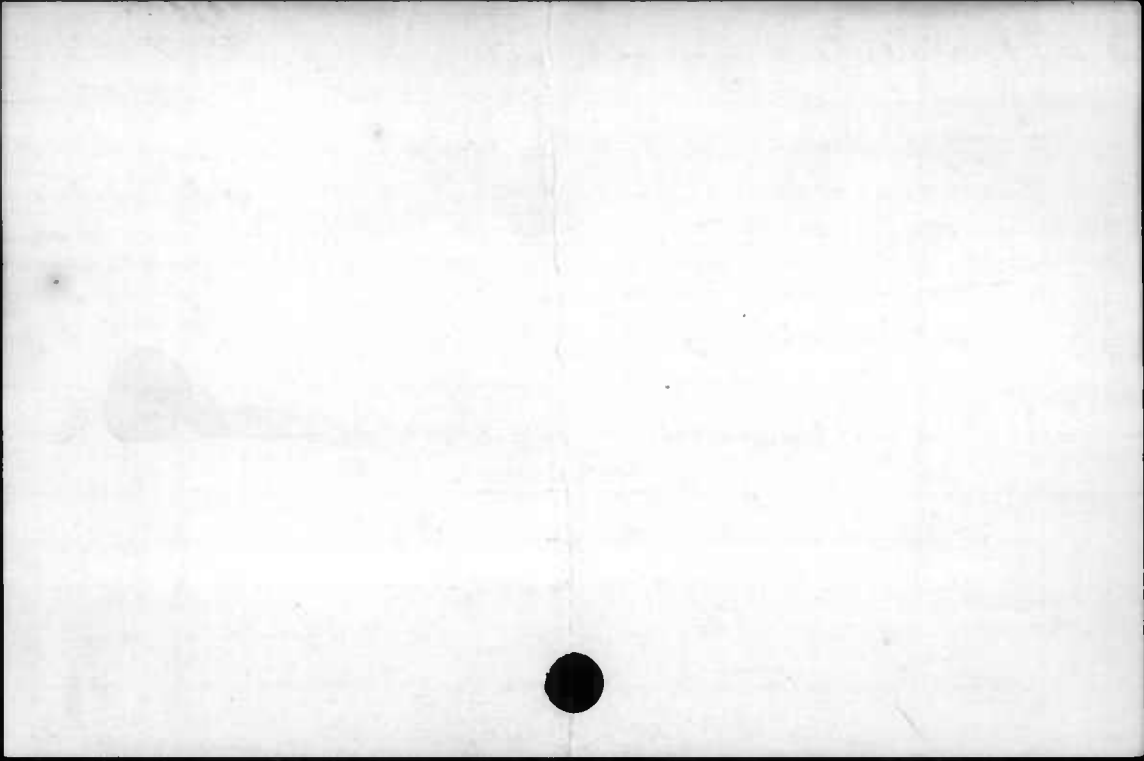
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cardiff</i>		Town <i>Cardiff</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>5</i>	Age <i>23</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Id.</i>				
Occupation <i>Post Master</i>			Where Residing if not at place of death <i>Id.</i>				
Married Single or Widowed			Name of Wife or Husband				
Father's Name <i>Hugh. E. Hughes</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Hugh. E. Hughes</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paritymittis</i>	How long
Immediate	How long <i>Six days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. W. E. Arthur</i>
	Address <i>Cardiff Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bel Air		County Howard	
Date of death		1906	Month Mar	Day 24	Age 2
Sex Female		Color or Race Black		Birth- place Ind	
Occupation		Where Residing if not at place of death Bel Air			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Walter Jenkins		Father's Birthplace Ind			
Mother's Maiden Name Miranda Russ		Mother's Birthplace "			
Name of person giving Information Miranda Jenkins		How related to deceased Mother			

CAUSES OF DEATH

Primary	Pneumonia	How long
Immediate	Meningitis	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Chas. Richardson
		Address Bel Air
Accident or Suicide?		Mr.

Tobacco

Bar. Oct. 29

Name

in
Full

Miss Mary McNutt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Darlington</i>		Town <i>Darlington</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>march</i>	Day <i>8th</i>	Years <i>Age 76</i>		Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Harford Co</i>				
Occupation <i>housekeeper</i>	Where Residing if not at place of death <i>home</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Ephr Hopkins</i>				How related to deceased <i>acquainted during life</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long
Immediate <i>Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ephr Hopkins</i>
	Address <i>Darlington</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Mrs Caroline Miller

Town

County

Died at

MARYLAND

Date 189

6

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 19

Age

65 1/2

Pa

Wife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

6

Husband

of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

93

7 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Frank K. Moore

CERTIFICATE OF DEATH

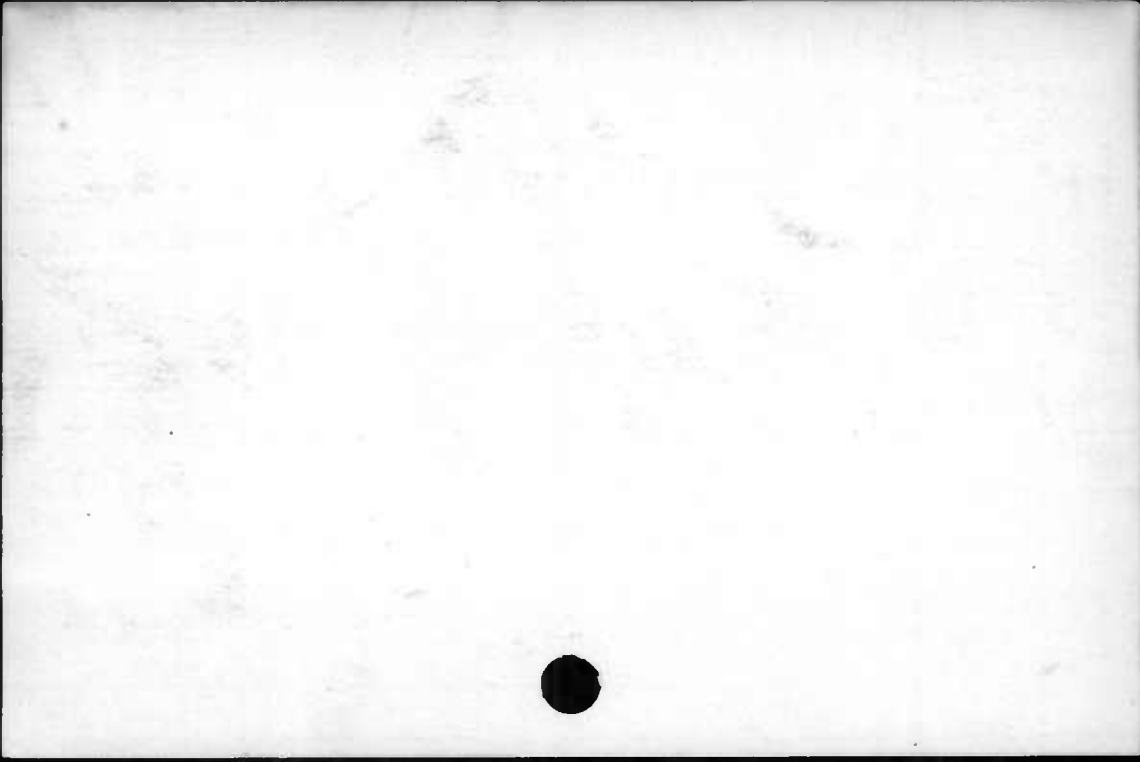
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{or} <i>near Bel Air</i>			Town <i>Harpford</i>			County			MARYLAND				
Date of death <i>1906</i>		Month <i>March</i>		Day <i>7</i>		Age		Years		Months <i>Two</i>		Days <i>Two</i>	
Sex <i>male</i>				Color or Race <i>white</i>				Birth-place <i>near Bel Air</i>					
Occupation <i>none</i>						Where Residing if not at place of death <i>near Bel Air</i>							
Married, Single or Widowed <i>single</i>				Name of Wife or Husband <i>none</i>									
Father's Name <i>Frank K. Moore</i>						Father's Birthplace <i>Bel Air</i>							
Mother's Maiden Name <i>Bessie Little</i>						Mother's Birthplace <i>Baltimore</i>							
Name of person giving information <i>Frank K. Moore</i>						How related to deceased <i>92</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchial Pneumonia</i>		How long <i>6 days</i>	
Immediate <i>Cardiac failure</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Edw. Rickard, M.D.</i>	
		Address <i>Bel Air, Md.</i>	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James W. Puff* County *Harford* MARYLAND

Died at *Bel Air* Town *Bel Air*

Date of death *1906* Month *Mar* Day *11* Age *3* Years *2* Months *10* Days

Sex *Male* Color or Race *Black* Birth-place *Bel Air*

Occupation *_____* Where Residing if not at place of death *11*

~~Married~~, Single
or ~~Widowed~~

Name of Wife or
Husband *_____*

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Tabernacle

Name
in
Full

Hannah Jane Smith

CERTIFICATE OF DEATH

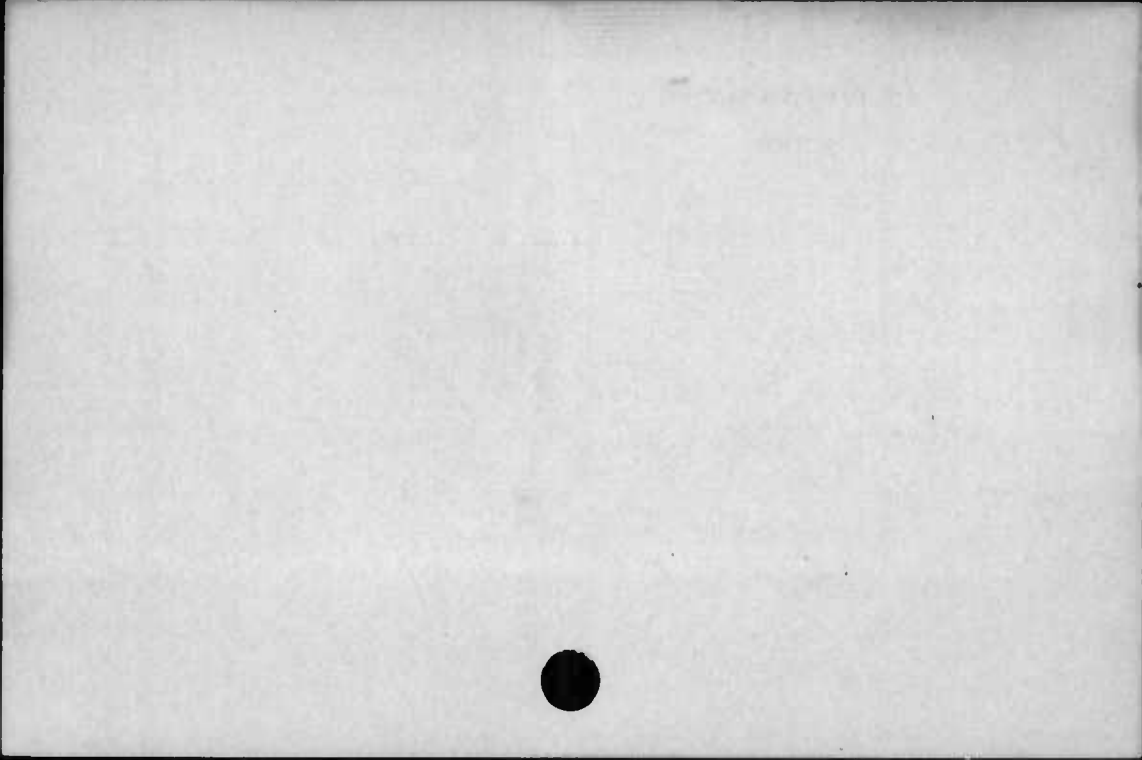
TO BE ANSWERED BY
NEAREST FRIEND

Died at **Albion** **Harford** County **MARYLAND**
 Date of death 1906 **March** **1** Day **50** Years **50** Months **—** Days **—**
 Sex **Female** Color or Race **White** Birth-place **Md**
 Occupation **Lady** Where Residing if not at place of death **—**
 Married, Single or Widowed **Widow** Name of Wife or Husband **J. Lyburn Smith**
 Father's Name **Charles Curry** Father's Birthplace **Md**
 Mother's Maiden Name **Rebecca Flaherty** Mother's Birthplace **Md**
 Name of person giving information **Mary Singleton** How related to deceased **Daughter**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Cholera** **27** How long **8-10 yrs**
 Immediate **Hemorrhage** **27** How long **10 min**
 Are the name, age, sex, color, date and place correctly given above? **W. B. Kirk**
 Signature of Physician **W. B. Kirk**
 Address **Darlington Md**
 Accident or Suicide? **—**



Name
in
Full

James Stansbury

CERTIFICATE OF DEATH

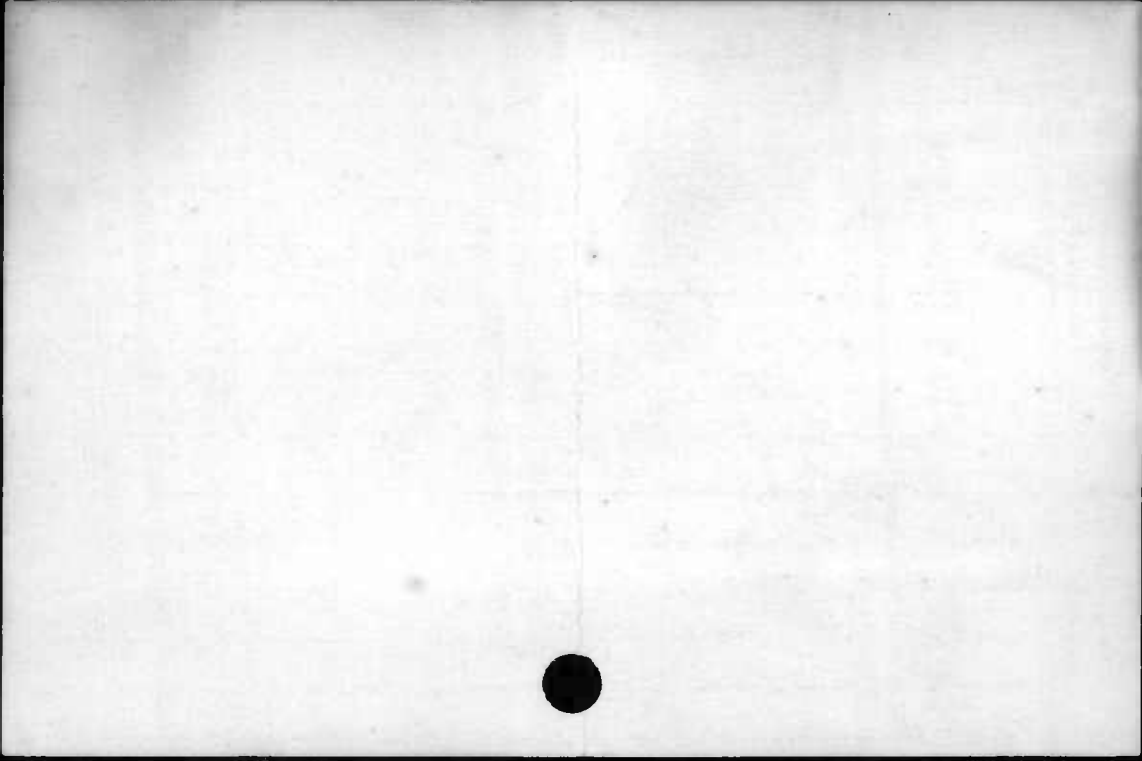
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Clermont Mills		County Harford		MARYLAND	
Date of death	1906	Month March	Day 13	Years 64	Months	Days	
Sex	Male		Color or Race	White		Birth-place	Clermont Mills
Occupation	Farmer			Where Residing if not at place of death at home			
Married, Single or Widowed	Single		Name of Wife or Husband none				
Father's Name	James B. Stansbury					Father's Birthplace	Clermont Mills
Mother's Maiden Name	Laura Stansbury					Mother's Birthplace	Wickory
Name of person giving information	Self					How related to deceased	Not related

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	3 years
Immediate	Suffocation		How long	immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Thos. B. Hayward MD
Place of death		Wickory	Address	Harford Co
Accident or Suicide?				



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

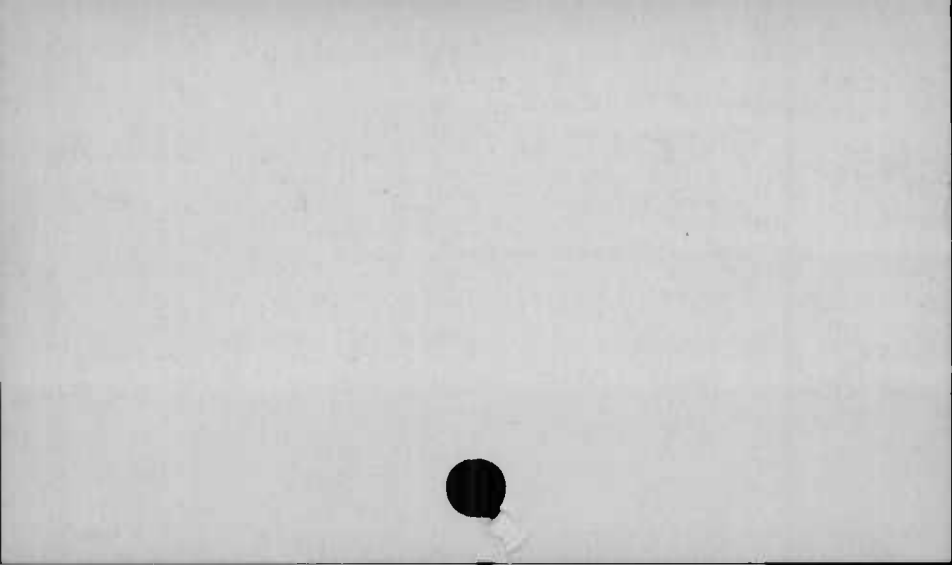
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death ✓

Laura J. Tammamy

Town

County

MARYLAND

Died at

Harred Grace Harford

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

3

8

Age

66

-

-

Cecil

House Wife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

S. J. Tammamy

Joseph Fort

A. M. Mauldin

Cause of

Primary

Don't know

How long sick

179 Dead suddenly

Death

Immediate

Don't know

Accident, Suicide, Homicide

Reported by

Dr. R. H. Smith

Address

Harred Grace Harford

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

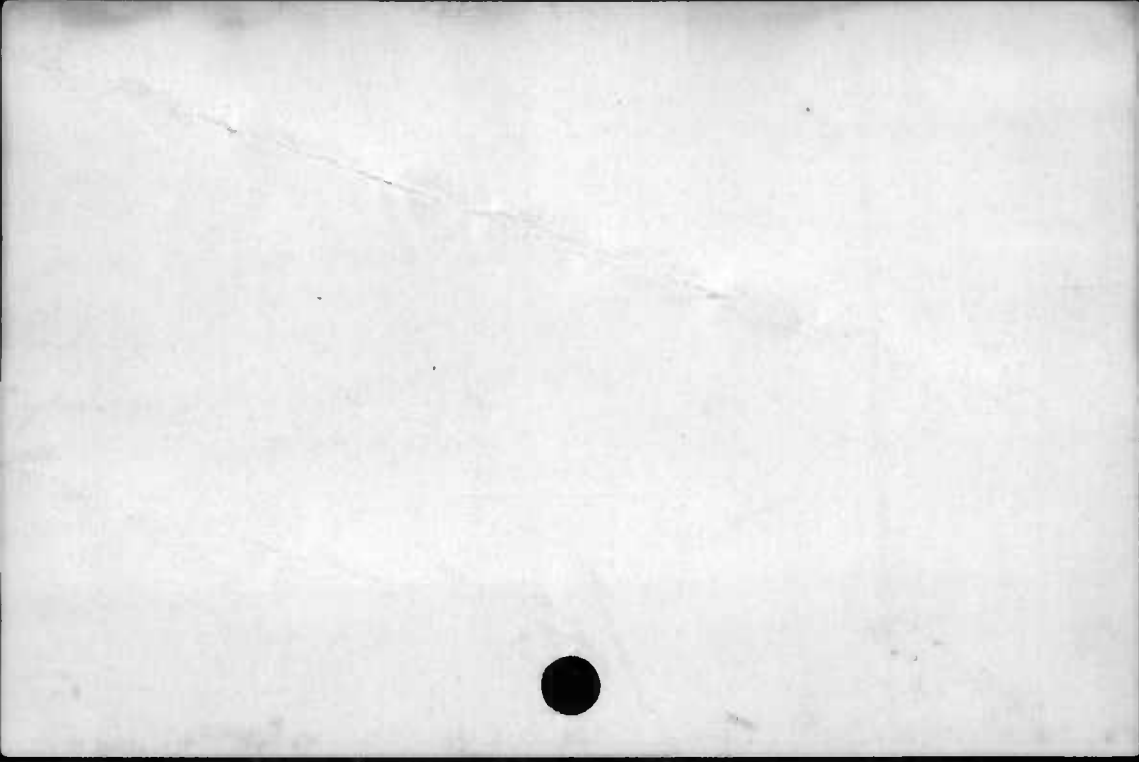
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sarea</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1906</i>		<i>March 13th</i> ^{Month Day}		<i>83</i> ^{Years}	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Jane</i>			
Father's Name <i>Corbin</i>		Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Nancy Heaps</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Sarah Ann Taylor</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sclerosis Aortic Stenosis</i>	How long <i>10 yrs</i>
Immediate <i>Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Stewartstown</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

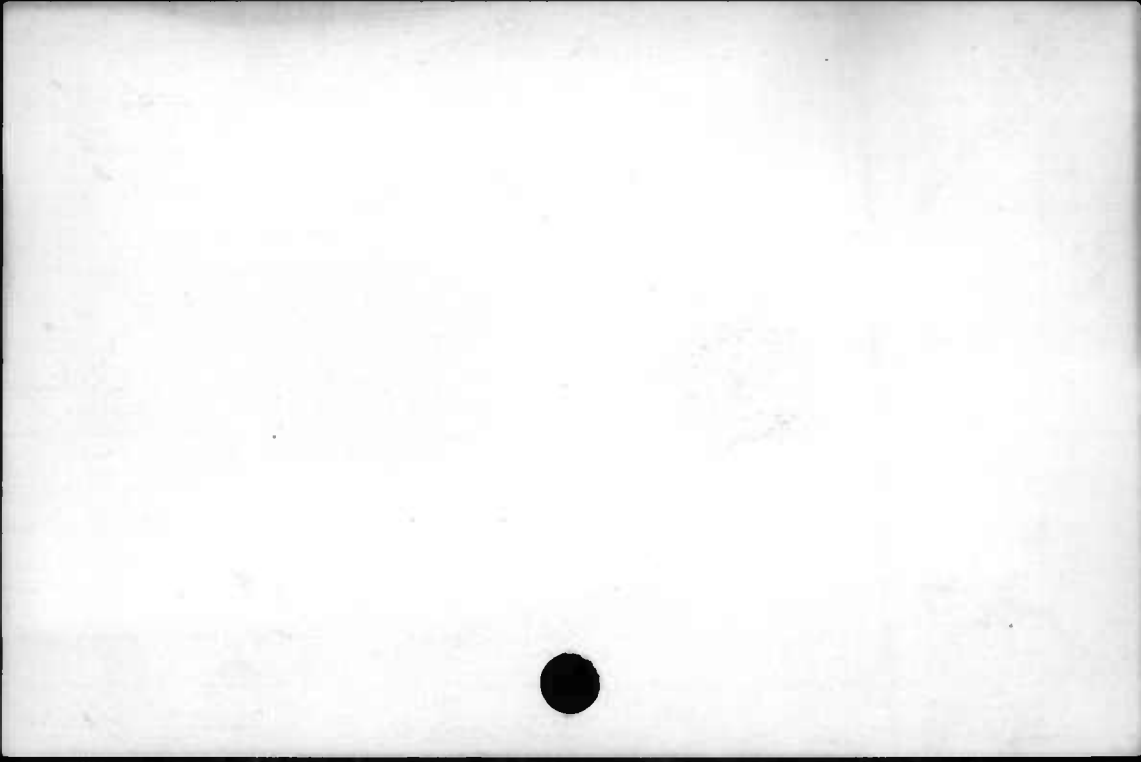
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day	Age	Years	Months <i>12</i> Days
Sex	Color or Race <i>White</i>		Birthplace <i>Bel Air</i>		
Occupation	Where Residing if not at place of death <i>Bel Air</i>				
Married Single or Widowed	Name of Wife or Husband				
Father's Name <i>Ernest Thorne</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>George N. Slick</i>	Mother's Birthplace <i>Penn.</i>				
Name of person giving information <i>E. Thorne</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Failure of Foramen Orale to close -</i>	How long <i>13 or 14 hours</i>
Immediate <i>Asphyxia</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. F. Van Bibber</i>
	Address <i>Bel Air</i>
Accident or Suicide? <i>No -</i>	<i>Id.</i>



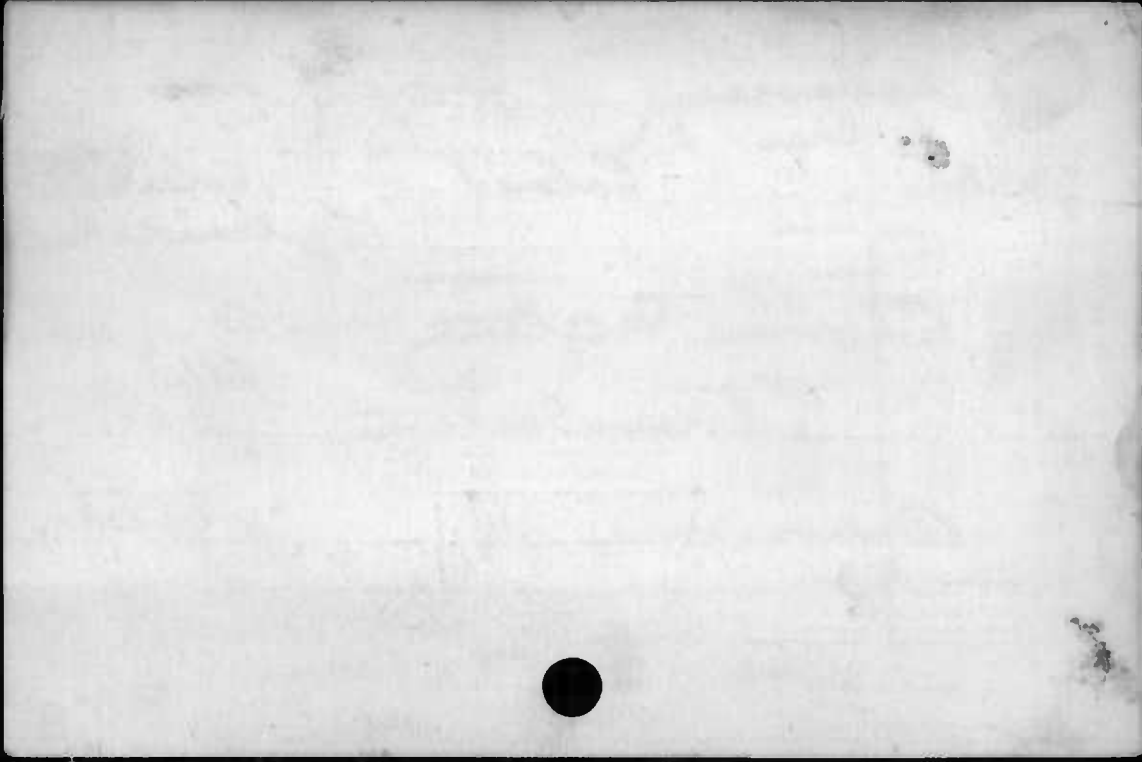
Name
in
FullBROOZE VICKERS
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rocke</u> Town		<u>Harford</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>22nd</u>	Age <u>—</u>	Months <u>—</u>	Days <u>one</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Rocke</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>George Vickers</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Rebecca Tate</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>George Vickers</u>			How related to deceased <u>Father</u>		

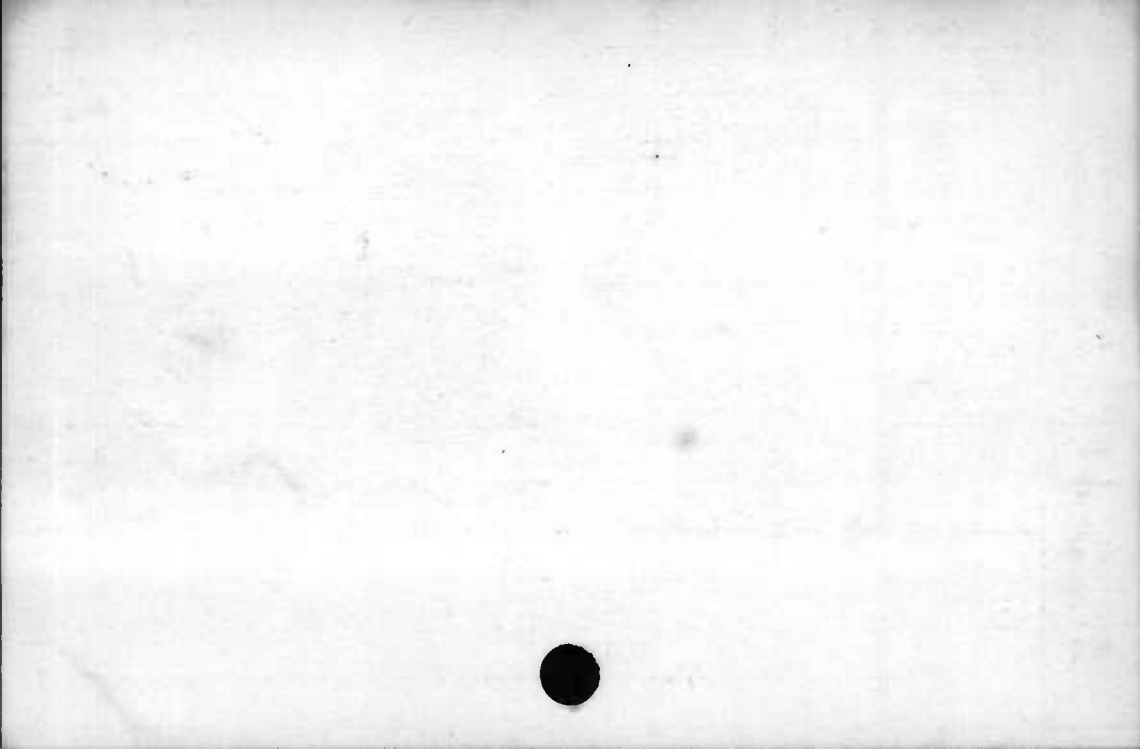
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Inanition</u>	How long <u>(151)</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. H. McHenry</u>
	Address <u>Janetville Ind</u>
Accident or Suicide? <u>—</u>	



Name in Full		Pearl Walton				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pyleville		Hager		MARYLAND				
	Date of death	1906	Month	Jan	Day	22	Age	Years	Months	Days
	Sex	Female		Color or Race		Colored		Birth-place		Pyleville Ind.
	Occupation			Where Residing if not at place of death		Pyleville Ind.				
	Married, Single or Widowed			Name of Wife or Husband						
	Father's Name	Clarence Walton					Father's Birthplace		Ind.	
	Mother's Maiden Name	Annie Pierce					Mother's Birthplace		Pa.	
Name of person giving information	Clarence Walton					How related to deceased		Father		
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary	Pneumonia				(93)		How long		2 weeks
	Immediate							How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		E. S. Farnum			
	Yes				Address		Stout Ind.			
Accident or Suicide?										



TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Joseph Warner</i>				CERTIFICATE OF DEATH			
	Died <i>Swan Creek</i> ^{Town}				<i>Harford</i> ^{County}			
	Date of death <i>1906</i> ^{Month} <i>Mar</i> ^{Day} <i>6</i> ^{Age} <i>68</i> ^{Years}				<i>Swan Creek</i> ^{Months} ^{Days}			
	Sex <i>white</i> ^{Male}		Color or Race <i>white</i>		Birth-place <i>Scotland</i>			
	Occupation <i>Sailor</i>		Where Residing if not at place of death <i>Swan Creek</i>					
	Married, Single <i>Widowed</i>		Name of Wife or Husband <i>Joseph Warner</i> (40)					
	Father's Name _____				Father's Birthplace _____			
	Mother's Maiden Name _____				Mother's Birthplace _____			
Name of person giving information <i>Miss Risa Brown</i>				How related to deceased. <i>no</i>				
CAUSES OF DEATH								

Joseph Warner Died March 6, 1906

Swan Creek Near Aberdeen Md.

Age- Years-*68*---Months-----Days----

Cause of Death-Cancer Stomach & Liver

J. J. Kennedy Physician

(40)

Name
in
Full

Eliza Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

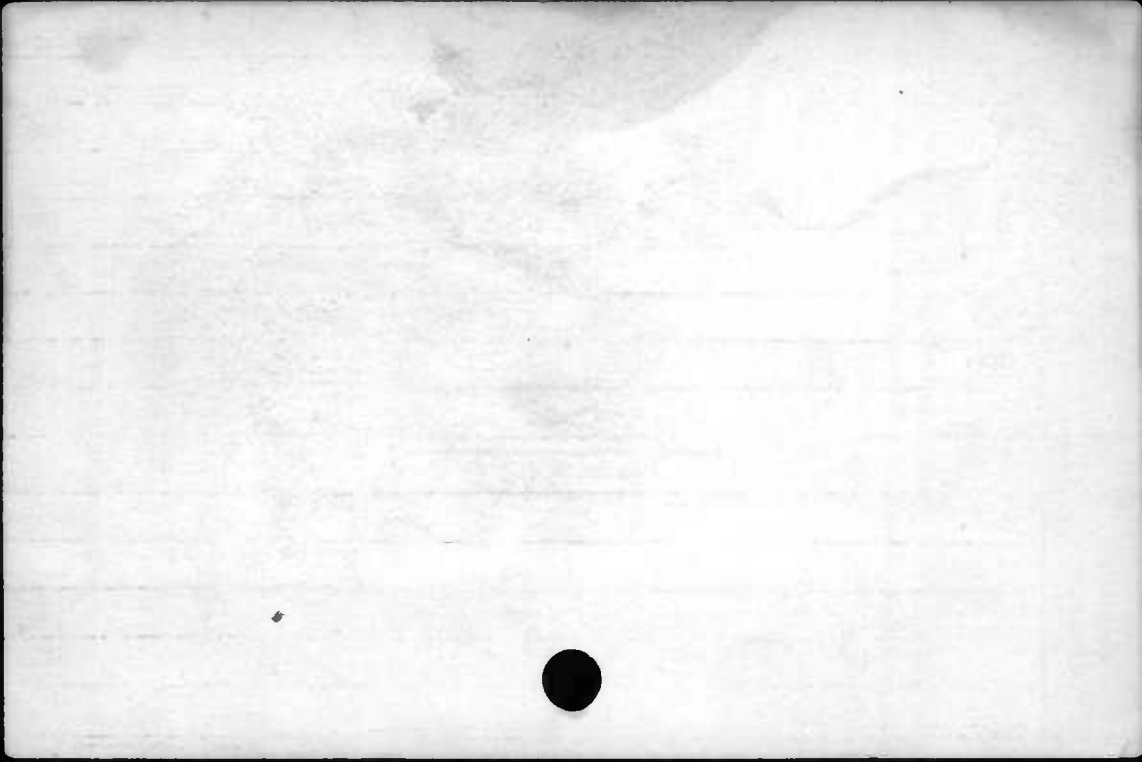
Died at ^{Town} *Rede de Grace*^{County} *Harford*Date of death *1906* ^{Month} *March*^{Day} *1*^{Age} *66* ^{Years}^{Months} *2*^{Days} *1*Sex *Female*Color or Race *Col*Birth-place *MD*Occupation *H wh*Where Residing if not at place of death *same*Married, Single or Widowed *married*Name of Wife or Husband *Jacob Waters*Father's Name *Jas Rice*Father's Birthplace *MD*Mother's Maiden Name *Katie Presbury*Mother's Birthplace *MD*Name of person giving information *Jacob Waters*How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Rheumatism*How long *2003 yrs*Immediate *Valvular heart disease & kidney Comp*How long *several months*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. L. Hopkins*Address *Rede de Grace*

Accident or Suicide?

MD



Name In Full		Wayne County				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Swan Creek</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND
	Date of death	1906	Month	Mar	Day	7	Age
	Sex <i>Male</i>		Color or Race <i>White</i>		Years	Months	Days
	Occupation		Where Residing if not at place of death		Birthplace		
	Married, Single or Widowed		Name of Wife or Husband		at place of birth		
	Father's Name		Father's Birthplace		Mother's Birthplace		
	Mother's Maiden Name		How related to deceased		Harford Co		
Name of person giving information		Grandfather		150			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Malformation of heart		How long		
	Immediate		"		all its life		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?				Harre de Grace		

